

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

NEW JERSEY MORTGAGE
In re PARK, LLC
Debtor

Case No. 11-16752-JHW

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession." Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation
12-Month Cash Flow Projection (Form IR-1)	<input checked="" type="checkbox"/>	
Certificates of Insurance:		
Workers Compensation	<input checked="" type="checkbox"/>	
Property	<input checked="" type="checkbox"/>	
General Liability	<input checked="" type="checkbox"/>	
Vehicle	<input checked="" type="checkbox"/>	
Other:		
Identify areas of self-insurance w/liability caps	N/A	N/A
Evidence of Debtor in Possession Bank Accounts		
Tax Payer Account <u>PAYROLL ACCOUNT</u>	<input checked="" type="checkbox"/>	
General Operating Account	<input checked="" type="checkbox"/>	
Money Market Account pursuant to Local Rule 4001-3 for the District of Delaware only. Refer to: http://www.dcb.uscourts.gov/		
Other: <u>CREDIT CARD ACCOUNT</u>	<input checked="" type="checkbox"/>	
Retainers Paid (Form IR-2)	<input checked="" type="checkbox"/>	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

Printed Name of Authorized Individual

Title of Authorized Individual

*Authorized Individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM IR
(4/07)

New Jersey Motorsports Park, LLC
Case No. 11-16752-JHW
12 Month Cash Flow Projection

New Jersey Motorsports Park Operating Company, LLC
Case No. 11-16772-JHW
12 Month Cash Flow Projection

New Jersey Motorsports Park Urban Renewal, LLC
Case No. 11-16778-JHW
12 Month Cash Flow Projection

New Jersey Motorsports Park Development Associates, LLC
Case No. 11-16776-JHW
12 Month Cash Flow Projection

INITIAL REPORT

PROJECTED REVENUE

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Total
Club House													
Driver's Club Track Days													
Membership Initiation Fees	7,000	14,000	16,000	18,000	25,000	20,000	21,600	21,600	10,800	-	-	-	154,000
Membership Dues	12,000	37,500	50,000	12,500	12,500	-	30,000	30,000	30,000	30,000	30,000	40,000	314,500
Total Club House	40,000	50,000	50,000	40,000	-	-	10,000	10,000	10,000	10,000	38,000	60,000	318,000
Track Deposits Already Received	59,000	101,500	116,000	70,500	37,500	20,000	61,600	61,600	50,800	40,000	68,000	100,000	786,500
Track Rentals	(10,500)	(24,000)	(41,100)	(45,600)	(27,000)	(45,000)	(46,556)	(50,213)	(14,200)	25,000	75,000	125,000	(79,169)
Kart Track Income	78,000	342,000	457,000	447,000	380,000	445,000	443,000	450,000	112,000	-	-	-	3,154,000
Spectator Events	26,000	64,000	125,000	120,000	147,000	120,000	122,500	45,750	15,000	-	-	-	785,250
Season Ticket Sales	1,500	4,000	56,000	4,000	148,000	72,000	250,000	-	-	-	-	-	535,500
Food & Beverage Sales	900	2,250	5,400	-	-	-	-	-	-	50,000	-	-	58,550
Rest / Bar/Concession	3,700	3,300	38,000	39,000	82,000	82,000	225,000	130,000	25,000	50,000	8,840	-	438,840
Catering	3,500	12,800	60,000	56,000	91,000	56,000	-	-	-	-	-	-	248,000
Other:	-	-	-	-	-	-	-	-	-	-	-	-	279,300
Supporting Races	-	-	10,000	-	40,000	-	-	-	-	-	-	-	50,000
Race- Car Show / Entry Fees/Test	-	-	45,000	-	65,000	70,000	-	-	-	-	-	-	180,000
Partnerships - Net Profit	-	-	-	-	-	-	-	-	-	-	-	-	-
Vendor / Sponsor Hosp (non-food)	-	-	4,400	-	20,000	-	-	-	-	-	-	-	24,400
Fuel Sales Gross	16,000	33,000	35,000	68,000	40,000	48,000	45,000	45,000	22,500	-	-	-	352,500
TRG / RV / DI Lease	3,000	4,500	4,500	4,500	6,500	7,000	3,500	3,500	3,500	3,500	-	-	44,000
RV Parking/ Camping Income/Elec	2,000	3,500	6,000	2,000	10,500	3,000	21,000	5,000	3,000	-	-	-	56,000
Golf Kart Rentals	-	-	5,000	-	3,000	-	-	-	-	-	-	-	8,000
Parking Income	-	-	4,000	-	6,000	-	15,000	1,500	1,500	-	-	-	28,000
Programs	-	-	1,000	-	2,000	-	4,000	-	-	-	-	-	7,000
Sponsorship Income	112,000	55,285	20,000	70,000	20,285	-	50,000	-	-	-	112,000	65,000	454,570
Event Sponsorship	-	-	20,000	-	50,000	-	2,000	2,000	2,000	2,000	-	-	120,000
VIP Garages	2,000	2,000	3,000	2,000	5,000	8,000	2,000	4,500	4,500	4,500	-	-	30,000
Event Garages	2,500	1,200	2,000	1,200	4,000	4,000	14,000	3,600	13,200	6,820	-	-	42,400
VIP Suite Rental	4,500	17,000	53,000	37,000	49,500	42,000	62,100	36,100	13,200	-	-	-	321,220
Sales Tax Revenues	6,150	12,759	23,235	16,789	18,005	13,480	6,000	6,000	6,000	6,000	3,000	2,000	90,418
Shade Tree Garages - 30 *	3,000	4,000	5,000	4,000	5,000	4,000	-	-	-	-	-	-	54,000
New Track Deposits - post 4/24	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL PROJECTED REVENUE	313,250	639,094	1,057,435	896,389	1,203,290	949,480	1,278,144	740,737	244,800	187,820	258,000	300,840	8,069,279
Projected Operating Expenses													
Wages - Every 2 Weeks	121,921	200,798	231,270	220,870	357,680	221,120	305,558	216,938	138,463	110,429	85,500	89,442	2,299,987
Payroll Taxes	14,630	24,096	27,752	26,504	42,922	26,534	33,611	23,863	15,231	12,147	9,405	9,839	266,535
Operating Expenses	342,222	381,343	500,903	436,227	563,917	496,349	660,697	301,895	187,564	159,887	128,618	101,500	4,261,121
TOTAL PROJ OPERATING EXPENSE	478,772	606,237	759,925	683,601	964,519	744,003	999,866	542,697	341,257	282,463	223,522	200,780	6,827,643
PROJ OPERATING PROFIT	(165,522)	32,857	297,510	212,788	238,771	205,477	278,278	198,040	(96,457)	(94,643)	34,478	100,060	1,241,636



CERTIFICATE OF LIABILITY INSURANCE

 OF ID: 04DE
 DATE (MM/DD/YYYY)

03/16/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Delaware Valley Financial Grp 125 E. Elm Street, Suite 300 Conshohocken, PA 19428		610-234-0224 610-897-2999	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: NJMPM-1
INSURED NJMP Management, LLC. New Jersey Motorsport Park, L 47 Warbird Dr. Millville, NJ 08332		INSURER(S) AFFORDING COVERAGE INSURER A: NJCRIB INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	M44383-8-10	09/15/10	09/15/11	X WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Office of US Trustee 1 Newark Center 185 Raymond Boulevard Newark, NJ 07102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Madeline Arnold</i>
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ACORD 25 (2009/09)

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ACORD™**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)
03/09/2011

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.	
AGENCY Malter Team Mesirow Insurance Services 353 N. Clark Street Chicago, IL 60654 FAX (A/C, No.): 312 595-6381 E-MAIL ADDRESS: CODE: AGENCY CUSTOMER ID #: 5516 INSURED Brahm Properties, Inc. 1535 Chestnut Street Suite 200 Philadelphia, PA 19102	COMPANY Affiliated FM Insurance Company 300 S. Northwest Highway Park Ridge, IL 60068 LOAN NUMBER POLICY NUMBER EJ837 EFFECTIVE DATE 03/01/11 EXPIRATION DATE 03/01/12 <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION

JN Motorsports Park
West Buckshutem Road & Dividing Creek Road, Millville, NJ

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Real & Personal Property, Business Income/Loss of Rents: All Risk, Including Certified and Non-Certified Acts of Terrorism, Boiler & Machinery, Replacement Cost, Agreed Amount, Loss of Rents Period of Indemnity-12 Months	\$99,579,700	\$10,000
Flood	\$10,000,000	\$100,000
Earthquake	\$10,000,000	\$100,000

REMARKS (Including Special Conditions)

Named Insured Includes: New Jersey Motorsports Park, LLC; New Jersey Motorsports Park Urban Renewal, LLC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Office of the United States Trustee One Newark Center 1085 Raymond Blvd., Suite 2100 Newark, NJ 07102	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>John P. Henary</i>	

ACORD 27 (2009/12) 1 of 1

M 40706

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/10/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Malter Team Meslow Insurance Services 353 N. Clark Street Chicago, IL 60654		CONTACT NAME: PHONE (A/C, No, Ext): 312 595-6200 FAX (A/C, No): 312 595-6381 E-MAIL ADDRESS:	
INSURED Brahm Properties, Inc. 1535 Chestnut Street Suite 200 Philadelphia, PA 19102		INSURER(S) AFFORDING COVERAGE INSURER A: Wausau Underwriters Ins. Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car		ASKZ91448646021	03/01/2011	03/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N DESCRIPTION OF OPERATIONS below	N/A	ASKZ91448646021 ASKZ91448646021	03/01/2011 03/01/2011	03/01/2012 03/01/2012	ACV Less \$500 Ded. ACV Less \$500 Ded.

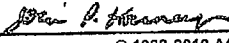
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

JN Motorsports Park; West Buckshutem Road & Dividing Creek Road, Millville, NJ

Named Insured Includes: New Jersey Motorsports Park, LLC and New Jersey Motorsports Park Urban Renewal, LLC

RE: All Owned and Leased Vehicles

Office of the United States Trustee is an additional insured on the automobile liability policy if required by written contract with a named insured.

CERTIFICATE HOLDER		CANCELLATION	
Office of the United States Trustee One Newark Center 1085 Raymond Blvd., Suite 2100 Newark, NJ 07102		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	

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ACCOUNT RECEIPT 832

Susquehanna Bank
Millville Office
901 North 2nd Street
Millville, NJ 08332



Date: 03/11/11 Employee: Korin Klein

1 Account Information**1a Account Title**

NEW JERSEY MOTORSPORTS PARK LLC
Debtor in Possession Case #11-16778JHW
OPERATING ACCOUNT

1c Account Detail

Account Number: [REDACTED] 1642
Account Description: debtor in possession
Primary TIN: [REDACTED] 6719

1b Mailing Address

47 WARBLER DRIVE
MILLVILLE, NJ 08332

1d Ownership of Account

☐ Individual ☐ Corporation ☐ Limited Liability Company
☐ Joint ☐ Partnership ☐ Sole Proprietorship
☐ Trust - Separate Agreement Dated: [REDACTED]
☒ Other Limited Liability

2 Signers

Except as otherwise provided by law or other documents, each of the signers listed below is authorized to make withdrawals from the account. Each signer must have a signed Customer Agreement on file with Susquehanna.


Name	TIN	Relationship to Account Owner
BRADFORD R SCOTT	[REDACTED] 2649	Authorized Signer
KAREN STEELE	[REDACTED] 8058	Authorized Signer

3 Disclosures**Disclosures Provided**

☐ Privacy ☐ Truth in Savings Disclosure
☐ Fee Schedule ☐ Deposit Account Agreement
☐ Other [REDACTED]

① CASE NUMBER CORRECTED BY BANK (SEE ATTACHED)

Form 832 Rev. 1-1-2010



Susquehanna Bank

PRINT FORM | PRINT ISSUES FORM | VIEW MESSAGES

Deposit Inquiry For **1842-DEBTOR IN POSS BUS**
NEW JERSEY MOTORSPORTS PARK LLC

PREVIOUS < | SUBMIT > | EXIT X

81

SPECIAL MESSAGES. >

New account Memo posted

PAGE FUNCTIONS

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> ADDRESS/MAILING

> MESSAGES

> MAINTENANCE

> RELATIONSHIPS

> STOPS/HOLDS

> MORE FUNCTIONS

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CUSTOMER INFORMATION

DEBTOR IN POSSESSION CASE #11-16752JW

OPERATING ACCOUNT

47 WARBIRD DRIVE

MILLVILLE NJ 08332

CIF number NAB0150

Tax ID number 56-2446719

Branch number 264

Birth date

Home phone (000) 000-0000

Business phone (215) 563-7222

SERVICE CHARGE INFORMATION

SC/interest/statement cycle 48

Service charge Yes

SC Waive expiration 8/08/08

Associated S/C Acct Yes

Automatic NSF fee DB

Service charge code

Statement/Passbook code Not coded

BALANCE INFORMATION

Available Balance 285,418.98

Collected balance 211,759.38

Current balance 222,888.63

Yesterday's balance 222,888.63

Last statement balance .00

Avg collected balance 94,245.42

Avg ledger balance 188,324.21

Closing balance 222,888.63

Accrued interest .00

Interest rate .000888%

DATE INFORMATION

Date last active 3/15/11

Last deposit + 3/15/11 10,421.25

Date last overdrawn 6/08/08

Date opened 3/11/11

Date last statement 8/08/08

Date last contact 3/11/11

Susquehanna 

901 North 2nd Street
Millville, NJ 08332

Bankers Systems, Inc., St. Cloud, MN MDF. EPAARB32

Susquehanna Bank

Document Page 10 of 13

PRINT FORM PRINT SCREENS FORM VIEW MESSAGES

Deposit Inquiry For 550 - DEBTOR-IN-POSS BUS
NEW JERSEY MOTORSPORTS PARK LLC

PREVIOUS < SUBMIT > EXIT X

SPECIAL MESSAGES. >

New account

PAGE FUNCTIONS

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> MORE FUNCTIONS

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CUSTOMER INFORMATION

DEBTOR IN POSSESSION CASE #11-16752-JHW

PAYROLL ACCOUNT

47 WARREN DRIVE

MILLVILLE NJ 08332

CIF number NAB0150

Tax ID number 55-2446719

Branch number 204

Birth date

Home phone (800) 808-8088

Business phone (215) 563-7222

SERVICE CHARGE INFORMATION

SC/Interest/statement cycle 48

Service charge Yes

SC Waive expiration 0/00/00

Associated S/C Acct Yes

Automatic NSF fee DB

Service charge code

Statement/Passbook code Not coded

BALANCE INFORMATION

Available Balance .00

Collected balance .00

Current balance .00

Yesterday's balance .00

Last statement balance .00

Avg collected balance .00

Avg ledger balance .00

Closing balance 20.00-

Accrued interest .00

Interest rate .000000%

DATE INFORMATION

Date last active 0/00/00

Last deposit 0/00/00 .00

Date last overdrawn 0/00/00

Date opened 3/11/11

Date last statement 0/00/00

Date last contact 3/11/11

Test more >

ACCOUNT RECEIPT B32		01 - Susquehanna Bank Millville Office 901 North 2nd Street Millville, NJ 08332	
Date: 03/15/11 Employee: Korin Klein			
1 Account Information			
1a Account Title NEW JERSEY MOTORSPORTS PARK LLC Debtor in Possession Case # 11-16778-JHW ① Credit Card Account		1c Account Detail Account Number: [REDACTED] 3274 Account Description: debtor in possession Primary TIN: [REDACTED] 6719	
1b Mailing Address 47 WARBIRO DRIVE MILLVILLE, NJ 08332		1d Ownership of Account <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust - Separate Agreement Dated: _____ <input checked="" type="checkbox"/> Other <u>Limited Liability</u>	
2 Signers			
Except as otherwise provided by law or other documents, each of the signers listed below is authorized to make withdrawals from the account. Each signer must have a signed Customer Agreement on file with Susquehanna.			
Name	TIN	Relationship to Account Owner	
BRADFORD R SCOTT	[REDACTED] -2649	Authorized Signer	
KAREN STEELE	[REDACTED] -8058	Authorized Signer	
3 Disclosures			
Disclosures Provided			
<input checked="" type="checkbox"/> Privacy <input checked="" type="checkbox"/> Truth in Savings Disclosure			
<input checked="" type="checkbox"/> Fee Schedule <input checked="" type="checkbox"/> Deposit Account Agreement			
<input type="checkbox"/> Other _____			
① CASE NUMBER CONNECTED BY BANK (SEE ATTACHES) 327-8835			
Form B32 Rev. 1-1-2010			

Susquehanna Bank

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PRINT FORM PRINT SERIES FORM VIEW MESSAGES

Deposit Inquiry For 13274-DEBTOR IN POSS BUS
NEW JERSEY MOTORSPORTS PARK LLC

PREVIOUS < SUBMIT > EXIT X

SPECIAL MESSAGES. >

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CUSTOMER INFORMATION

DEBTOR IN POSSESSION CASE # 11-16752-JHU

CREDIT CARD ACCOUNT

47 WRABIRD DRIVE

MILLVILLE NJ 08332

CIF number NR80156

Tax ID number 56-2446719

Branch number 284

Birth date

Home phone (800) 888-8888

Business phone (215) 563-7222

SERVICE CHARGE INFORMATION

SC/Interest/statement cycle 48

Service charge Yes

SC Waive expiration 8/08/08

Associated S/C Acct Yes

Automatic NSF fee 08

Service charge code

Statement/Passbook code

Not coded

BALANCE INFORMATION

Available Balance .00

Collected balance .00

Current balance .00

Yesterday's balance .00

Last statement balance .00

Avg collected balance .00

Avg ledger balance .00

Closing balance 20.00-

Accrued interest .00

Interest rate .000000%

DATE INFORMATION

Date last active 8/08/08

Last deposit 0/00/00 .00

Date last overdrawn 8/08/08

Date opened 3/15/11

Date last statement 8/08/08

Date last contact 3/15/11

Case No. 11-16752-JHW
Reporting Period: Final

(This schedule is to include each Professional paid a retainer.)

Identify all Evergreen Retainers